



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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MEMORANDUM

July 2, 2010

From: Bureau of Substance Use Disorders (SUD)
To: Authorized Idaho WITS/GAIN Interface Users
Subject: WITS User Acceptance Testing

As you may know, the Department has been working with its contractor FEI on the customization of modules within WITS to Idaho specific requirements for TEDS/NOMs and other data collection. Initial modifications are complete and a draft Guidance Document for providers has been developed for the following modules:

- Client Profile
- Client Intake
- Program Enrollment
- Assessment (GAIN-I)
- Admission
- Discharge

The Department is looking for Network Contract Treatment Providers who are interested in testing the functionality of modules and application of the SUD Guidance Document. If you are interested in participating in User Acceptance Testing, please fill out the attached Agency Participation Form and submit it to the Department by July 16, 2010.

WITS User Acceptance Testing

Agency Participation Form

July 2010

Agency Name: _____

Clinical Staff

Because Admission and Discharge modules require diagnostic capabilities, they must be completed by clinical staff. The Department will need to give diagnostic permissions to clinical staff participating in User Acceptance Testing. Diagnosis permissions will only be given to individuals who are listed as complete on the Department's approved QP list.

Please list below clinical staff from your agency that will participating in testing and will need to be given diagnosis permissions.

Staff Name	Position
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9	
10.	

Once the completed Agency Participation Form is received, the Department will contact your agency's WITS Administrator to arrange for distribution of the Guidance Document and to begin testing.

**Please fax the completed form to
Debbie Bailey at 208-334-0667 by July 16, 2010.**